

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021833

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 6Primary Registration District No. 3001Registrar's No. 10

STATE FILE NUMBER

FILED JUN 26 1962

1. PLACE OF DEATH

a. COUNTY Audrainb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Vandalia

Length of stay in lb

few minutes

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.b. COUNTY Audrainc. CITY
OR TOWN VandaliaInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 103 W. WashingtonInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
214 E. StateReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

ThomasAmbroseMurphy4. DATE
OF DEATH

Month

Day

Year

June 16, 1962

5. SEX

M

6. COLOR OR RACE

W7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/4/1890

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)
carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Burlington, Colo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Michael Paul Murphy

13b. MOTHER'S MAIDEN NAME

Elizabeth C. Heinz

14. NAME OF HUSBAND OR WIFE

Dorothy Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Murphy, Vandalia, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary OcclusionINTERVAL BETWEEN
ONSET AND DEATH10 min.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Decompensated Heart Disease1 year

DUE TO (c)

Arteriosclerosis10 yearsPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)None.PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb. 7, 1956to June 16, 1962 and last saw him alive on June 5, 1962Death occurred at 1:00 P.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

E.W. SmidaryD.O.

22b. ADDRESS

Ladonia, Mo.

22c. DATE SIGNED

6/18/6223a. BURIAL, CREMATION,
REMOVAL (Specify)burial

23b. DATE

6/18/62

23c. NAME OF CEMETERY OR CREMATORY

Vandalia Cemetery

23d. LOCATION (City, town, or county)

Vandalia, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

William Blatter, Vandalia, Mo

25. DATE RECD. BY LOCAL REG.

June 18/1962

26. REGISTRAR'S SIGNATURE

Malie Fugua

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

William B. Water

Licensed Embalmer No.

4169

P. O. Address

Vandalia, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

• If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.